



**Testimony of James E. Moore, MD, PhD  
President of the Connecticut Children's Specialty Group and Division Chief of  
Neonatology for Connecticut Children's Medical Center  
to the Insurance and Real Estate Committee  
Regarding SB 377- *An Act Concerning Health Insurance Coverage for Newborns***

**March 16, 2022**

Senator Lesser, Representative Wood, and other esteemed members of the Insurance and Real Estate Committee, thank you for the opportunity to share my thoughts about Senate Bill 377- *An Act Concerning Health Insurance Coverage for Newborns*.

My name is Dr. James Moore and I serve as the President of the Connecticut Children's Specialty Group and the Director of Neonatology at Connecticut Children's Medical Center. I am submitting this testimony in support of this legislation because families should be able to easily access and maintain health insurance coverage for their newborns.

Before commenting on the bill, I want to provide some background about Connecticut Children's. We are the state's only independent health system focusing exclusively on the needs of children. Although our main hospital campus is located in Hartford, we have over a dozen locations across the state and partner with many adult hospitals throughout the region to provide infant care to babies born in those facilities.

Through Connecticut Children's growing statewide neonatal network, we are expanding access to communities and reaching families who need our care the most. As a result, we collaborate on the care teams for more than 55% of babies born annually; meaning almost 20,000 Connecticut babies each year get a healthy start in life because their first doctor is one of Connecticut Children's pediatric experts. This bill would help ensure that babies in our state automatically receive health insurance coverage through their caregivers' plans.

Infants in our level four Hartford NICU often stay with us for weeks and months at a time as they receive highly specialized care. In our Fiscal Year 2021, Connecticut Children's treated 850 patients across our NICU; 206 of which stayed greater than 30 days. The average length of stay for these patients was 77 days.

As it relates to this bill, we are supportive of automatic coverage for newborns as navigating the complexities of enrollment is often the last thing on a parent's mind when their newborn is receiving care in a NICU. Connecticut Children's often bears the costs of coverage termination due to lack of enrollment which can occur for a variety of reasons, including if parents do not notify the insurer of a qualifying life event. Additionally, if the inpatient stay extends beyond the end of the policy year, and the family experiences a lapse or change in coverage, the remainder of the inpatient stay may not be covered by any policy.

We are pleased that this bill provides automatic coverage not only for the first 120 days of a newborn's life but also for the entire length of a hospital stay should a baby's medical needs

require a stay behind 120 days. This policy will significantly ease the financial burdens for the patients, the hospital, and, ultimately, the State of Connecticut taxpayers.

Currently, hospitals have the burden of contacting families on the date of a baby's admission to ascertain the parent's insurance. Hospitals must then frequently follow-up (typically every 3-4 days) with insurance companies and families to confirm that a baby has been successfully added to the parent's plan, then also follow-up to obtain authorization. Oftentimes, based on the baby's plan, if the baby is discharged, insurers will not allow hospitals to obtain authorization and require that we appeal this claim on the backend. Additionally, if the baby was added to a parent's plan without the parent notifying our health system immediately, the payer may apply a penalty as if the hospital was late to notify. On some occasions, this penalty is 100% of expected reimbursement. For parents concerned about the health and safety of their newborn, dealing with complicated insurance administrative requirements is not their primary concern. Furthermore, these administrative challenges are especially burdensome for smaller health systems like Connecticut Children's that have limited resources and staff to respond to these onerous and complex requirements.

Thank you for your consideration of this position. If you have any questions about this testimony, please contact Emily Boushee, Government Relations Associate for Connecticut Children's, [eboushee@connecticutchildrens.org](mailto:eboushee@connecticutchildrens.org).